

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <b>1623-109</b>	FILING DATE
						APPLICANT(S)	
CLAIMS							
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		/				61	
2		/				62	
3		/				63	
4		/				64	
5		/				65	
6		/				66	
7		/				67	
8		/				68	
9		/				69	
10		/				70	
11		/				71	
12		/				72	
13		/				73	
14		/				74	
15		/				75	
16		/				76	
17		/				77	
18		/				78	
19		/				79	
20		/				80	
21		/				81	
22		/				82	
23		/				83	
24		/				84	
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26		/				86	
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28		/				88	
29		/				89	
30		/				90	
31		/				91	
32		/				92	
33		/				93	
34		/				94	
35		/				95	
36		/				96	
37		/				97	
38		/				98	
39		/				99	
40		/				100	
41		/					
42		/					
43		/					
44		/					
45		/					
46		/					
47		/					
48		/					
49		/					
50		/					
TOTAL IND.		TOTAL DEP.		TOTAL IND.		TOTAL DEP.	
TOTAL CLAIMS		TOTAL CLAIMS		TOTAL CLAIMS		TOTAL CLAIMS	

TOTAL IND. 2  
 TOTAL DEP. 13  
 TOTAL CLAIMS 20

PTO 1340 (3-78)

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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